MOTOR AMBULANCE SUPPLY DEPOT, UNITED STATES ARMY, LOUISVILLE, KY.

Car name Model Number Shipping date

To the Officer Receiving This Ambulance:

This ambulance has been thoroughly tested by being actually driven under its own power by _______ on _____.

It was in perfect condition when delivered to the transportation company,

[Initial carrier]
Claims for damage and shortage should be adjusted with the transportation company.
This card is evidence for a survey.

Medical Corps, U. S. Army, In Charge of Depot.